

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11906**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5074 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Polk Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Polk Twsp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Zuck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4/20/1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8/17/1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Atchison Co. Mo., 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>in</u>
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13a. FATHER'S NAME <u>Jacob Boettner</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robenstine</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Zuck</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Boettner Rock Port. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>primary carcinoma of breast.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/18/52, 19, to 4/20/52, 19, that I last saw the deceased alive on 4/20/52, 19, and that death occurred at 11<sup>15</sup> p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Niedermeyer, M.D.</u>	23b. ADDRESS <u>4430 No.</u>	23c. DATE SIGNED <u>4/24/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/23/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grange Hall Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>April 24, 1952</u>	REGISTRAR'S SIGNATURE <u>Marvin N. Schaefer</u> <u>443-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Batholomew Mortuary, Rockport. Mo</u>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Geoff Bartholomew*

..... Licensed Embalmer No. 3173

..... P. O. Address *Rock Port. Mo.,*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.